

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>3060</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>Russell L Wade</b>  P.O. Box, Bldg., Room No., if any  Street <b>213 Swift Creek LN</b>  City <b>Colonial Heights</b>  State <b>Virginia</b> ZIP Code +4 <b>23834</b>	4. Name, file number, and address of labor organization.  Name <b>IAMAW Local Lodge 10</b>  Labor Organization File Number <b>009107</b>  P.O. Box, Building and Room Number, if any  Street <b>3204 Cutshaw AV</b>  City <b>Richmond</b>  State <b>Virginia</b> ZIP Code +4 <b>23230</b>
5. Position in labor organization. <b>Directing Business Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name <b>Philip Morris USA</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>P.O. Box 26603</b>  Street  City <b>Richmond</b>  State <b>Virginia</b> ZIP Code +4 <b>23261</b>	7.a. Nature of Interest, Transaction, or Income.  <b>plane fare, hotel room for one night, meals, rental car, two tickets to Richmond, VA IRL race.</b>  7.b. Amount.  <b>estimated \$1,000</b>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Russell L. Wade*

On

**7/7/05**

Date

**804-359-4058**

Telephone Number

Name of Person Filing Russell Wade	File Number U- 3060
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>NATIONAL GROUP PROTECTION</i></p> <p>Trade Name, if any: <i>National Group Protection</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>1445 Greenbrier Place</i></p> <p>City <i>Charlottesville</i></p> <p>State <i>Virginia</i> ZIP Code + 4 <i>22901</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p><b>** The Union nor I have any income or expense as it relates to these programs, nor does the Union have any information as to how many members elect coverage.</b></p>	<p>11.a. Nature of such dealing.</p> <p>Members of the IAM locals at some bargaining units have the option to choose supplemental insurance from a variety of optional insurance programs offered by NGP at the individuals expense. These programs are in no way funded by Union funds.</p>
	<p>11.b. Approximate dollar value of such dealing. <b>**</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p>NGP has invited me to one UVA/Maryland football game - two tickets estimated value \$70.00.</p>
	<p>12.b. Amount. <i>ESTIMATED VALUE \$70.00</i></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>